



February 13, 2018
Board Room #2
9:30 a.m.

Agenda

Virginia Board of Physical Therapy Full Board Meeting

Call to Order – Allen R. Jones, Jr., PT, DPT, Board President

- Welcome and Introductions
- Emergency Egress Procedures
- Mission of the Board

Approval of Minutes

- Board Meeting – November 17, 2017

Ordering of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report – David E. Brown, DC

Presentations

- Liability Coverage for Board Members – **Don LeMond, Director, Division of Risk Management, Department of the Treasury**
- PT Licensure Compact and Alternate Approval Pathway – **Jeff Rosa, Managing Director – Post Licensure Services, Federation of State Boards of Physical Therapy, Ron Barbato, PT, FSBPT Board of Directors**

Staff Reports

- Executive Director's Report – **Corie E. Tillman Wolf**
- Discipline Report – **Lynne Helmick**

Committee and Board Member Reports

- Board of Health Professions Report – **Allen R. Jones, Jr., PT, DPT**

Legislation and Regulatory Actions – Elaine Yeatts

- Report of 2018 General Assembly
- Legislative Report

Old Business

- Update on Sanctioning Reference Points (SRP) Project – Adoption of Revised SRP Manual as Guidance Document 112-17 – **Neal Kauder, Kim Small, VisualResearch, Inc.**

New Business

- Healthcare Workforce Data Survey - Requested Addition of Question Regarding Telehealth - **Elizabeth Carter, Ph.D.**
 - Questions from Licensees - **Corie Tillman Wolf**
 - Federation of State Boards of Physical Therapy (FSBPT) 2018 Delegates and Funded Administrator Voting
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Next Meeting - May 1, 2018

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

DRAFT

APPROVAL OF MINUTES

**UNAPPROVED
BOARD OF PHYSICAL THERAPY MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a Board meeting on Friday, November 17, 2017 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Allen R. Jones, Jr., PT, DPT, President
Arkena Dailey, PT, DPT, Vice President
Sarah Schmidt, PTA
Tracey Adler, PT, DPT
Elizabeth Locke, PT, PhD
Mira Mariano, PT, PhD
Susan Szasz Palmer, MLS, Citizen Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Corie Tillman Wolf, J.D., Executive Director
Lynne Helmick, Deputy Executive Director, Discipline
David Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst
Laura Mueller, Program Manager

BOARD COUNSEL PRESENT:

Erin Barrett, Assistant Attorney General

QUORUM:

With 7 members present, a quorum was established.

GUESTS PRESENT:

Richard Grossman, Virginia Physical Therapy Association (VPTA)
Tom Bohanon, DPT, VPTA

CALL TO ORDER

Dr. Allen R. Jones, Jr., President, called the meeting to order at 9:30 a.m. and asked the Board members and staff to introduce themselves. With 7 Board members present, a quorum was established.

Dr. Jones stated the following:

Sign in sheets are available for audience members and those wishing to make public comment. Computers are provided to the Board members for the purpose of the meeting only and have no connection to the internet. The material that they are able to review on the computer is the same material that has been made available to the public. During breaks, audience members are asked

to refrain or discuss Board-related business with members of the Board. Audience members may make comments for the Board members' consideration during the public comment period.

Ms. Tillman Wolf read the Emergency Egress Procedures.

Dr. Jones introduced new Board Member Susan "Suzy" Palmer, MLS.

APPROVAL OF MINUTES:

Upon a motion by Dr. Locke, properly seconded by Dr. Dailey, the Board voted to approve the following meeting minutes:

- Board Meeting – August 22, 2017
- Public Hearing – October 13, 2017
- Regulatory Advisory Panel on Proposed Dry Needling Regulations – November 15, 2017

The vote was unanimous.

Dr. Jones advised that the Board held two Informal Conferences on September 28, 2017, however these minutes do not require approval by the Board.

ORDERING OF AGENDA:

Ms. Tillman Wolf proposed changes to the agenda to remove the presentation from the Division of Risk Management, which will be rescheduled for the Board's February 2018 meeting, and to remove "Questions from Licensees" under New Business, as this topic will be covered by Ms. Tillman Wolf during her Executive Director's Report.

Upon a motion by Ms. Palmer, properly seconded by Ms. Schmidt, the Board voted to accept the revised agenda. The vote was unanimous.

PUBLIC COMMENT:

No public comment was received.

AGENCY DIRECTOR'S REPORT – David Brown, D.C.

Dr. Brown welcomed Ms. Palmer to the Board. Dr. Brown provided information on the planned move of agency resources and personnel including IT, the copy center, and reception to new space on the first floor of the current building. Dr. Brown discussed the development of training videos for Board members, the first of which on probable cause will be completed in a few weeks.

Dr. Brown provided an overview of the status of the opioid curricula workgroup which was convened by Dr. Hazel and led by DHP with the task of developing curricula for health professional schools on opioids. The workgroup included committees on prescribing, addiction, and pain management. Dr. Brown reported that the workgroup has developed a document of core competencies for prescribers and dispensers. A second phase of the workgroup will be

starting to bring in input from other non-prescriber health professional groups that are impacted by the opioid epidemic, including physical therapists. A meeting of representatives from schools for the non-prescriber health professions across the Commonwealth will be held on December 5, 2017, at DHP.

STAFF REPORTS:

Executive Director’s Report – Corie Tillman Wolf, Executive Director

Ms. Tillman Wolf welcomed new Board member Susan Palmer, as well as new staff member Candace Carey, Discipline Assistant.

Ms. Tillman Wolf then began her report with the Expenditure and Revenue Summary.

| | |
|--|---------------------|
| Board Cash Balance as of June 30, 2017 | \$ 1,457,317 |
| YTD FY18 Revenue | 43,780 |
| Less YTD FY18 Direct and In-Direct Expenditures | 193,582 |
| Board Cash Balance as September 30, 2017 | <u>\$ 1,307,514</u> |

Ms. Tillman Wolf provided the following updates from FSBPT:

- Ms. Tillman Wolf participated in two conference calls for the Task Force on Re-Entry to Practice.
- The FSBPT Annual Meeting was held November 1-5, 2017, in Santa Ana Pueblo, NM:
 - Ms. Tillman Wolf participated in panel presentation on Continuing Competency and the aPTitude program.
 - There were a number of updates to the National Physical Therapy Exam (NPTE):
 - The proposed fee increase to \$485 was deferred until at least January 2019
 - Content outlines have been revised
 - A higher standard will be in effect in 2018 for both PT and PTA exams
 - Eligibility requirements for the exam will be changing in the future for non-CAPTE educated students as they related to proof of TOEFL passage (English proficiency examination) and proof of educational equivalence using the coursework tools in effect for PTs (CWT 6) and PTAs (PTA tool).
 - FSBPT discussed a number of products and programs at the annual meeting including the Alternate Approval Process, updates to the Jurisdiction Reference Guide, Model Disciplinary Guidelines, and the Minimum Data Set. Ms. Tillman Wolf noted that Virginia does already employ Model Disciplinary Guidelines in the form of the Sanctioning Reference Points tool and the Minimum Data Set in the form of the workforce data surveys. Ms. Tillman Wolf will provide additional information regarding the Alternate Approval Process later in the agenda.
 - The PT Licensure Compact was enacted April 25, 2017, with passage of legislation in the 10th state. There are 14 states that have passed/enacted the Compact as of July 1, 2017. The initial Rules and Bylaws of Commission were adopted on November 5, 2017, a copy of which was provided to Board members. A new website has been launched – www.ptcompact.org. The first compact privileges are to be issued in mid-

2018. Ms. Tillman Wolf noted that the rules and bylaws adopted further define “home state;” require that criminal background checks be implemented within 6 months of the effective date of Compact legislation; that the Commission will be charging a \$45 fee for the privilege; and that the initial annual assessment for Compact members will be \$0.

- Virginia continues to have a 5-star rating for the Exam, Licensure, and Discipline Database (ELDD).
- The upcoming regulatory training for Board members will be June 9-11, 2018, in Alexandria, Virginia; the next Annual Meeting is scheduled for October 25-27, 2018, in Reston, Virginia.

Board members asked that FSBPT staff be invited to present additional information about the Compact at our next Board meeting.

Ms. Tillman Wolf provided the following information on Licensing:

CURRENT LICENSURE STATISTICS

| | August 2017 | November 2017 | Difference |
|---------------|---------------|---------------|-------------|
| PT | 7,883 | 8,111 | +228 |
| PTA | 3,317 | 3,401 | +84 |
| Total | 11,200 | 11,512 | +312 |
| Direct Access | 1,170 | 1,183 | +13 |

Ms. Tillman Wolf reported that customer satisfaction ratings continue to be high, with a 99.1% overall customer satisfaction rating for FY17, and a 97.3% rating for the first quarter of FY18. Ms. Tillman Wolf thanked Laura Mueller, PT Program Manager, and Heather Wright, who is cross-trained, for their work.

Ms. Tillman Wolf provided the following information on examination passage rates:

2017 YTD PT Exam Stats:

- 558 VA Applicants have taken exam
 - 506/passed – 52/failed
 - 486 first time test takers
 - 90.68% pass rate
- 26 Non-CAPTE Applicants took exam
 - 9/passed - 17/failed
 - 34.62% pass rate

2017 PTA Exam Stats:

- 311 VA Applicants have taken exam
 - 253/passed – 58/failed
- 222 first time test takers
 - 81.35% pass rate
 - 18.65% fail rate

Ms. Tillman Wolf reported that Board staff receive a number of calls from licensees, with the most calls regarding the following categories – school-based physical therapy; home health practice and the practice of PTAs; documentation, including transcription of orders and countersignatures; and general scope of practice – modalities. Ms. Tillman Wolf hopes to address some of these repeat questions as FAQs in upcoming newsletters.

Ms. Tillman Wolf reported that she made two presentations to DPT students in October 2017 at Shenandoah University and Old Dominion University.

With no further questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Lynne Helmick, Deputy Executive Director

Ms. Helmick reported on the current number of open cases, discipline statistics, and Key Performance Measures.

- 35 Total Cases
 - 9 in APD
 - 12 in Investigation
 - 15 in Probable Cause
 - 5 Compliance Cases
- Virginia Performs Q1 FY2018
 - Clearance Rate – at 67% - The Board received 3 cases and closed 2 cases.
 - Pending Caseload over 250 days was at 8%. That represents 1 case.
 - Cases closed within 250 days was at 100%. The goal is 90%.
- In Q1 FY 2018, the Board received 23 cases and closed 16 cases. A total of 13 continuing education audit cases were docketed in Q4 FY 2017.

Ms. Helmick provided a summary of the case types adjudicated in FY 2017 and Q1 FY 2018. With no further questions, Ms. Helmick concluded her report.

BOARD AND COMMITTEE REPORTS:

Report from the FSBPT Annual Meeting - Allen R. Jones, Jr., PT, DPT, Arkena L. Dailey, PT, DPT, Sarah Schmidt, PTA, Elizabeth R. Locke, PT, PhD

Dr. Jones, Dr. Dailey, Dr. Locke, and Ms. Schmidt each shared their takeaways from the Annual Meeting with Board members and voiced their appreciation for the opportunity to attend the meeting.

Board of Health Professions Report – Allen R. Jones, Jr., PT, DPT

Dr. Jones stated that his report and the meeting minutes were provided for Board members' review in the additional meeting materials.

Dr. Jones called for a break at 10:51 a.m. The Board meeting reconvened at 11:00 a.m.

Regulatory Advisory Panel (RAP) – Proposed Regulations on the Practice of Dry Needling
– Allen R. Jones, PT, DPT

Dr. Jones deferred his report on the RAP to Elaine Yeatts for discussion of the recommendations from the RAP.

Legislative and Regulatory Actions – Elaine Yeatts

Consideration of Recommendations of the RAP – Response to Public Comment and Proposed Regulations on the Practice of Dry Needling/Consideration of Regulations

Ms. Yeatts explained that the Board would not be considering the adoption of final regulations on the practice of dry needling, but rather, due to the substantive changes proposed, the Board would consider re-proposed regulations at this time. Ms. Yeatts provided an overview of the second meeting of the RAP, which discussed the training issue not fully discussed at the first RAP meeting. Ms. Yeatts provided an overview of recommended changes from both RAP meetings to the current proposed stage language. Upon a motion by Ms. Schmidt, properly seconded by Dr. Adler, the Board voted to move the presented draft language changes forward and adopt those changes as re-proposed regulations. The vote was unanimous. (Attachment A)

Adoption of Final Regulations on the Recognition of the oPTion Assessment Tool

Ms. Yeatts provided an overview of the proposed regulations and stated that no public comments were received. Upon a motion by Dr. Dailey, properly seconded by Ms. Schmidt, the Board voted to adopt final regulations on the recognition of the oPTion assessment tool. The vote was unanimous. (Attachment B)

Consideration of Revisions to Bylaws

Ms. Yeatts provided an overview of proposed revisions to the Board's bylaws related to delegation to the Executive Director the authority to provide investigatory information to other agencies pursuant to the provisions of 54.1-2400.2(D) and (F), and to changing the timing of elections to the first meeting of the organizational year. Upon a motion by Ms. Schmidt, properly seconded by Ms. Palmer, the Board voted to adopt the revisions to the bylaws as presented. The vote was unanimous. (Attachment C)

OLD BUSINESS

Update - Sanctioning Reference Points (SRPs)– Neal Kauder, VisualResearch, Inc.

Mr. Kauder provided an update to the Board regarding revision of the SRPs. Mr. Kauder provided an overview of proposed changes to the current SRP worksheet in the point ranges and the scoring factors, as well as proposed changes to the wording of the instructions, which will be further reviewed by Board staff.

Upon a motion by Dr. Dailey, properly seconded by Ms. Schmidt, the Board voted to move forward with the proposed changes to the SRP worksheet. The vote was unanimous.

NEW BUSINESS

Consideration of Continuing Education Credit for Attendance of Board Meetings – Elizabeth Locke, PT, PhD

Dr. Locke asked the Board to consider permitting Board members to obtain Type 2 CE hours for attendance of Board meetings and hearings. Board members discussed broadening the attendance to all licensees who attend Board meetings or hearings, which would be an opportunity for licensees to see how the Board works and makes decisions. Ms. Yeatts discussed regulatory options and language in the current regulation that limits Type 2 hours to hours related to “clinical” practice that could be stricken to accomplish the objective. Ms. Yeatts explained that the proposed change could be a fast-track regulatory action, as it would not likely be controversial.

Upon a motion by Dr. Mariano, properly seconded by Dr. Dailey, the Board voted to move forward with promulgating a fast-track regulation to permit licensees to obtain up to two hours of Type 2 CE hours per renewal cycle for attendance of Board meetings and hearings. The motion carried unanimously.

Practitioner Response to Opioid Epidemic – Tracey Adler, PT, DPT

Dr. Adler explained that one of the methods her practice has used to address the use of opioid prescriptions by patients is through a brochure to patients. Dr. Adler explained that there are current initiatives through the GetPTfirst campaign and the American Physical Therapy Association to promote the use of physical therapy as an alternative to opioid prescriptions. The leading group of patients who become opiate-dependent are those who have sought back pain treatment.

Ms. Barrett commented that the regulations promulgated by the Board of Medicine also incorporate the practice of encouraging patients to seek alternate modalities of treatment (e.g. physical therapy) prior to starting treatment with opioid prescriptions.

Alternate Approval Process – Corie E. Tillman Wolf

Ms. Tillman Wolf provided an overview of the Alternate Approval Process (AAP) which has been proposed by FSBPT as a service to boards. Through the APP, FSBPT would make graduates from CAPTE-accredited schools eligible to sit for the national exam and would process ADA requests for accommodations. The candidate’s score would then be reported to the state(s) of choice; the candidate would then go through the license application process. This was a process that was created at boards’ request and is currently in use in Texas.

Ms. Tillman Wolf explained the current licensure process for Board staff and some of the perceived “pros” and “cons” to instituting the AAP process. The three options for the Board’s

consideration were (1) whether or not to consider the AAP process; (2) whether to defer consideration of the process until a later time; or (3) obtain more information from FSBPT regarding the program.

Board members discussed the proposed options and the notion of where the current licensure process is not broken, then there is no real need to institute a new process. Board members further discussed the merit of having a presentation by FSBPT staff sometime in 2018, but that the process would be taken under advisement at this time. Ms. Tillman Wolf stated that, for efficiency, it may be possible to have a presentation by FSBPT staff on the AAP at the same time as the PT Compact.

NEXT MEETING – February 13, 2018

Prior to adjourning the meeting, Dr. Jones thanked members of the RAP as well as Board staff for their work on the proposed regulations for dry needling. Dr. Adler also thanked members of the RAP for their work.

ADJOURNMENT

The meeting was adjourned at 12:25 p.m.

Allen R. Jones, Jr., PT, DPT, President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

BOARD OF PHYSICAL THERAPY

Practice of dry needling

18VAC112-20-121. Practice of dry needling.

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry level skill but an advanced procedure that requires additional [, post-graduate] training.

[1.] The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

[2. The training shall consist of didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. The hands-on laboratory education shall be face-to-face.

3. The training shall be in a course certified by FSBPT or approved or provided by a sponsor listed in subsection B of 18VAC112-20-131.

4. The practitioner shall not perform dry needling beyond the scope of the highest level of his training.]

C. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or his representative. The informed consent shall include the risks and

benefits of the technique [and shall clearly state that the patient is not receiving an acupuncture treatment] . The informed consent form shall be maintained in the patient record.

[D. Dry needling shall only be performed by a physical therapist trained pursuant to subsection B and shall not be delegated to a physical therapist assistant or other support personnel.]

Project 4983

BOARD OF PHYSICAL THERAPY

Recognition of oPTion assessment tool

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Assessment tool" means oPTion or any other competency assessment tool developed or approved by FSBPT.

~~"PRT" means the Practice Review Tool for competency assessment developed and administered by FSBPT.~~

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;

2. The required application, fees, and credentials to the board;

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years;
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state; and
6. Documentation of active practice in physical therapy in another U.S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure.

A physical therapist who does not meet the active practice requirement shall:

- a. Successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or
- b. Document that he ~~meets the standard of the PRT~~ attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the

licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course; and
- g. The National Athletic Trainers' Association.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he ~~has taken the PRT~~ attained at least Level 2 on the FSBPT assessment tool may receive ~~40~~ 5 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he ~~has met the standard of the PRT~~ attained at least Level 3 or 4 on the FSBPT assessment tool may receive ~~20~~ 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. Continuing competency credit shall only be granted for the FSBPT assessment tool once every four years.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in another jurisdiction within the four years immediately preceding application for reactivation.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he ~~has met the standard of the PRT~~ attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for reactivation of licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27;
2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met ~~the standard of the PRT~~ attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

**VIRGINIA BOARD OF PHYSICAL THERAPY
BYLAWS**

ARTICLE I: GENERAL

The organizational year for the Board of Physical Therapy shall be from July 1st through June 30th. The officers of the Board of Physical Therapy shall be a President and a Vice-President. At the last first regularly scheduled meeting of the organizational year, the board shall elect its officers. The term of office shall be one year, an officer may be re-elected in that same position for a second consecutive term. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.

For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

1. The President presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.
2. The Vice-President shall act as President in the absence of the President.
3. In the absence of both the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: ORDER OF THE BUSINESS MEETINGS

The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Approval of minutes.
3. The Executive Director and the President shall collaborate on the remainder of the agenda.

ARTICLE IV: COMMITTEES

There shall be the following committees:

A. Standing Committees:

1. **Special Conference Committee.** This committee shall consist of two board members who shall review information regarding alleged violations of the physical therapy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.
2. **Credentials Committee.** The committee shall consist of two board members. The members of the committee will review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
3. **Legislative/Regulatory Committee.** The committee shall consist of at least three Board members. The Board delegates to the Legislative/Regulatory Committee the authority to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.
4. **Continuing Education Committee.** This committee shall consist of at least two board members who review requests from licensees who seek a waiver or extension of time in complying with their continuing competency requirements.

B. Ad Hoc Committees

There may be **Ad Hoc Committees**, appointed by the Board as needed each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

ARTICLE V.: GENERAL DELEGATION OF AUTHORITY

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents. New or revised forms must be presented to the Board at its next regularly scheduled meeting.
4. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.
5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary, and the authority to approve requests for disclosure of investigative information pursuant to Virginia Code § 54.1 -2400.2(D) and (F).
6. The Board delegates to the President, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
7. The Board delegates an informal fact-finding proceeding to any agency subordinate upon determination that probable cause exists that a licensee may be subject to a disciplinary action. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve: intentional or negligent conduct that causes or is likely to cause injury to a patient; mandatory suspension resulting from action by another jurisdiction or a felony conviction; impairment with an inability to practice with skill and safety; sexual misconduct; and unauthorized practice. The Board may delegate to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
8. The Board delegates to the Executive Director, the authority to approve applications with criminal convictions in accordance with Guidance Document 112-23.

ARTICLE VI. AMENDMENTS

A board member or staff personnel may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any regularly scheduled meeting of the Board. Such proposed amendment shall be adopted upon favorable vote of at least two-thirds of the Board members present at said meeting.

EXECUTIVE DIRECTOR'S REPORT

Virginia Department of Health Professions
Cash Balance
As of December 31, 2017

| | <u>116- Physical Therapy</u> |
|---|----------------------------------|
| Board Cash Balance as June 30, 2017 | \$ 1,457,317 |
| YTD FY18 Revenue | 63,560 |
| Less: YTD FY18 Direct and Allocated Expenditures | <u>282,268</u> |
| Board Cash Balance as December 31, 2017 | <u><u>1,238,609</u></u> |

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2017 and Ending December 31, 2017

| Account Number | Account Description | Amount | Budget | Amount | |
|----------------|---|------------------|-------------------|---------------------|---------------|
| | | | | Under/(Over) Budget | % of Budget |
| 4002400 | Fee Revenue | | | | |
| 4002401 | Application Fee | 51,205.00 | 154,250.00 | 103,045.00 | 33.20% |
| 4002406 | License & Renewal Fee | 6,030.00 | 10,000.00 | 3,970.00 | 60.30% |
| 4002407 | Dup. License Certificate Fee | 530.00 | 550.00 | 20.00 | 96.36% |
| 4002409 | Board Endorsement - Out | 5,075.00 | 5,900.00 | 825.00 | 86.02% |
| 4002421 | Monetary Penalty & Late Fees | 675.00 | 5,235.00 | 4,560.00 | 12.89% |
| 4002432 | Misc. Fee (Bad Check Fee) | 35.00 | 35.00 | - | 100.00% |
| | Total Fee Revenue | 63,550.00 | 175,970.00 | 112,420.00 | 36.11% |
| 4003000 | Sales of Prop. & Commodities | | | | |
| 4003020 | Misc. Sales-Dishonored Payments | 10.00 | - | (10.00) | 0.00% |
| | Total Sales of Prop. & Commodities | 10.00 | - | (10.00) | 0.00% |
| | Total Revenue | 63,560.00 | 175,970.00 | 112,410.00 | 36.12% |
| 5011110 | Employer Retirement Contrib. | | | | |
| 5011120 | Fed Old-Age Ins- Sal St Emp | 2,864.05 | 6,584.00 | 3,719.95 | 43.50% |
| 5011130 | Fed Old-Age Ins- Wage Earners | 225.55 | 796.00 | 570.45 | 28.34% |
| 5011140 | Group Insurance | 537.27 | 1,128.00 | 590.73 | 47.63% |
| 5011150 | Medical/Hospitalization Ins. | 15,311.06 | 33,274.00 | 17,962.94 | 46.02% |
| 5011160 | Retiree Medical/Hospitalizatn | 484.03 | 1,016.00 | 531.97 | 47.64% |
| 5011170 | Long term Disability Ins | 270.68 | 568.00 | 297.32 | 47.65% |
| | Total Employee Benefits | 25,225.72 | 54,976.00 | 29,750.28 | 45.88% |
| 5011200 | Salaries | | | | |
| 5011230 | Salaries, Classified | 41,662.04 | 86,060.00 | 44,397.96 | 48.41% |
| 5011250 | Salaries, Overtime | 116.97 | - | (116.97) | 0.00% |
| | Total Salaries | 41,779.01 | 86,060.00 | 44,280.99 | 48.55% |
| 5011300 | Special Payments | | | | |
| 5011310 | Bonuses and Incentives | 450.00 | - | (450.00) | 0.00% |
| 5011340 | Specified Per Diem Payment | 700.00 | 3,250.00 | 2,550.00 | 21.54% |
| 5011380 | Deferred Compnstrn Match Pmts | 78.00 | 768.00 | 690.00 | 10.16% |
| | Total Special Payments | 1,228.00 | 4,018.00 | 2,790.00 | 30.56% |
| 5011400 | Wages | | | | |
| 5011410 | Wages, General | 2,948.40 | 10,395.00 | 7,446.60 | 28.36% |
| | Total Wages | 2,948.40 | 10,395.00 | 7,446.60 | 28.36% |
| 5011930 | Turnover/Vacancy Benefits | | | | |
| | Total Personal Services | 71,181.13 | 155,449.00 | 84,267.87 | 45.79% |
| 5012000 | Contractual Svs | | | | |
| 5012100 | Communication Services | | | | |
| 5012110 | Express Services | 8.51 | 5.00 | (3.51) | 170.20% |
| 5012140 | Postal Services | 2,110.45 | 10,000.00 | 7,889.55 | 21.10% |
| 5012150 | Printing Services | 126.28 | 600.00 | 473.72 | 21.05% |
| 5012160 | Telecommunications Svcs (VITA) | 57.77 | 1,000.00 | 942.23 | 5.78% |
| 5012170 | Telecomm. Svcs (Non-State) | 87.62 | - | (87.62) | 0.00% |
| 5012190 | Inbound Freight Services | 1.43 | - | (1.43) | 0.00% |
| | Total Communication Services | 2,392.06 | 11,605.00 | 9,212.94 | 20.61% |
| 5012200 | Employee Development Services | | | | |
| 5012210 | Organization Memberships | 2,500.00 | 2,500.00 | - | 100.00% |

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2017 and Ending December 31, 2017

| Account Number | Account Description | Amount | | | % of Budget |
|----------------|-------------------------------------|-----------|-----------|---------------------|-------------|
| | | Amount | Budget | Under/(Over) Budget | |
| 5012240 | Employee Training/Workshop/Conf | - | 1,000.00 | 1,000.00 | 0.00% |
| | Total Employee Development Services | 2,500.00 | 3,500.00 | 1,000.00 | 71.43% |
| 5012300 | Health Services | | | | |
| 5012360 | X-ray and Laboratory Services | - | 300.00 | 300.00 | 0.00% |
| | Total Health Services | - | 300.00 | 300.00 | 0.00% |
| 5012400 | Mgmnt and Informational Svcs | - | | | |
| 5012420 | Fiscal Services | 33.58 | 18,000.00 | 17,966.42 | 0.19% |
| 5012440 | Management Services | 284.53 | 4,000.00 | 3,715.47 | 7.11% |
| 5012470 | Legal Services | - | 300.00 | 300.00 | 0.00% |
| | Total Mgmnt and Informational Svcs | 318.11 | 22,300.00 | 21,981.89 | 1.43% |
| 5012500 | Repair and Maintenance Svcs | | | | |
| 5012520 | Electrical Repair & Maint Srvc | - | 25.00 | 25.00 | 0.00% |
| 5012530 | Equipment Repair & Maint Srvc | 586.60 | - | (586.60) | 0.00% |
| | Total Repair and Maintenance Svcs | 586.60 | 25.00 | (561.60) | 2346.40% |
| 5012600 | Support Services | | | | |
| 5012630 | Clerical Services | - | 19.00 | 19.00 | 0.00% |
| 5012640 | Food & Dietary Services | 172.00 | 750.00 | 578.00 | 22.93% |
| 5012660 | Manual Labor Services | 79.73 | 700.00 | 620.27 | 11.39% |
| 5012670 | Production Services | 687.65 | 2,245.00 | 1,557.35 | 30.63% |
| 5012680 | Skilled Services | 7,227.64 | 13,000.00 | 5,772.36 | 55.60% |
| | Total Support Services | 8,167.02 | 16,714.00 | 8,546.98 | 48.86% |
| 5012800 | Transportation Services | | | | |
| 5012820 | Travel, Personal Vehicle | 1,843.55 | 3,000.00 | 1,156.45 | 61.45% |
| 5012840 | Travel, State Vehicles | - | 1,500.00 | 1,500.00 | 0.00% |
| 5012850 | Travel, Subsistence & Lodging | 2.15 | 1,500.00 | 1,497.85 | 0.14% |
| 5012880 | Trvl, Meal Reimb- Not Rprtble | - | 300.00 | 300.00 | 0.00% |
| | Total Transportation Services | 1,845.70 | 6,300.00 | 4,454.30 | 29.30% |
| | Total Contractual Svcs | 15,809.49 | 60,744.00 | 44,934.51 | 26.03% |
| 5013000 | Supplies And Materials | | | | |
| 5013100 | Administrative Supplies | | | | |
| 5013120 | Office Supplies | 443.00 | 1,000.00 | 557.00 | 44.30% |
| | Total Administrative Supplies | 443.00 | 1,000.00 | 557.00 | 44.30% |
| 5013300 | Manufctrng and Merch Supplies | | | | |
| 5013350 | Packaging & Shipping Supplies | - | 50.00 | 50.00 | 0.00% |
| | Total Manufctrng and Merch Supplies | - | 50.00 | 50.00 | 0.00% |
| 5013500 | Repair and Maint. Supplies | | | | |
| 5013530 | Electrcal Repair & Maint MatrI | - | 15.00 | 15.00 | 0.00% |
| | Total Repair and Maint. Supplies | - | 15.00 | 15.00 | 0.00% |
| 5013600 | Residential Supplies | | | | |
| 5013620 | Food and Dietary Supplies | - | 200.00 | 200.00 | 0.00% |
| | Total Residential Supplies | - | 200.00 | 200.00 | 0.00% |
| 5013700 | Specific Use Supplies | | | | |
| 5013730 | Computer Operating Supplies | - | 10.00 | 10.00 | 0.00% |
| | Total Specific Use Supplies | - | 10.00 | 10.00 | 0.00% |
| | Total Supplies And Materials | 443.00 | 1,275.00 | 832.00 | 34.75% |

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2017 and Ending December 31, 2017

| Account Number | Account Description | Amount | Budget | Amount Under/(Over) Budget | % of Budget |
|----------------|---|------------------|-------------------|----------------------------|----------------|
| 5014000 | Transfer Payments | | | | |
| 5014100 | Awards, Contrib., and Claims | | | | |
| 5014130 | Premiums | 195.00 | - | (195.00) | 0.00% |
| | Total Awards, Contrib., and Claims | <u>195.00</u> | <u>-</u> | <u>(195.00)</u> | <u>0.00%</u> |
| | Total Transfer Payments | <u>195.00</u> | <u>-</u> | <u>(195.00)</u> | <u>0.00%</u> |
| 5015000 | Continuous Charges | | | | |
| 5015100 | Insurance-Fixed Assets | | | | |
| 5015160 | Property Insurance | - | 29.00 | 29.00 | 0.00% |
| | Total Insurance-Fixed Assets | <u>-</u> | <u>29.00</u> | <u>29.00</u> | <u>0.00%</u> |
| 5015300 | Operating Lease Payments | | | | |
| 5015340 | Equipment Rentals | 2.44 | - | (2.44) | 0.00% |
| 5015350 | Building Rentals | 2.01 | - | (2.01) | 0.00% |
| 5015390 | Building Rentals - Non State | 3,496.19 | 8,275.00 | 4,778.81 | 42.25% |
| | Total Operating Lease Payments | <u>3,500.64</u> | <u>8,275.00</u> | <u>4,774.36</u> | <u>42.30%</u> |
| 5015500 | Insurance-Operations | | | | |
| 5015510 | General Liability Insurance | - | 107.00 | 107.00 | 0.00% |
| 5015540 | Surety Bonds | - | 7.00 | 7.00 | 0.00% |
| | Total Insurance-Operations | <u>-</u> | <u>114.00</u> | <u>114.00</u> | <u>0.00%</u> |
| | Total Continuous Charges | <u>3,500.64</u> | <u>8,418.00</u> | <u>4,917.36</u> | <u>41.59%</u> |
| 5022000 | Equipment | | | | |
| 5022100 | Computer Hrdware & Sftware | | | | |
| 5022170 | Other Computer Equipment | 122.76 | - | (122.76) | 0.00% |
| 5022180 | Computer Software Purchases | 193.53 | - | (193.53) | 0.00% |
| | Total Computer Hrdware & Sftware | <u>316.29</u> | <u>-</u> | <u>(316.29)</u> | <u>0.00%</u> |
| 5022200 | Educational & Cultural Equip | | | | |
| 5022240 | Reference Equipment | 16.00 | 60.00 | 44.00 | 26.67% |
| | Total Educational & Cultural Equip | <u>16.00</u> | <u>60.00</u> | <u>44.00</u> | <u>26.67%</u> |
| 5022600 | Office Equipment | | | | |
| 5022610 | Office Appurtenances | - | 35.00 | 35.00 | 0.00% |
| | Total Office Equipment | <u>-</u> | <u>35.00</u> | <u>35.00</u> | <u>0.00%</u> |
| | Total Equipment | <u>332.29</u> | <u>95.00</u> | <u>(237.29)</u> | <u>349.78%</u> |
| | Total Expenditures | <u>91,461.55</u> | <u>225,981.00</u> | <u>134,519.45</u> | <u>40.47%</u> |
| | Allocated Expenditures | | | | |
| 20600 | Funeral\LTCA\PT | 55,157.38 | 105,923.30 | 50,765.92 | 52.07% |
| 30100 | Data Center | 29,688.04 | 91,942.26 | 62,254.23 | 32.29% |
| 30200 | Human Resources | 7,726.06 | 18,609.70 | 10,883.64 | 41.52% |
| 30300 | Finance | 31,196.97 | 51,786.04 | 20,589.07 | 60.24% |
| 30400 | Director's Office | 13,835.69 | 26,183.70 | 12,348.01 | 52.84% |
| 30500 | Enforcement | 18,628.87 | 69,157.68 | 50,528.82 | 26.94% |
| 30600 | Administrative Proceedings | 9,434.67 | 21,567.32 | 12,132.65 | 43.75% |
| 30700 | Impaired Practitioners | 591.79 | 1,150.78 | 558.99 | 51.42% |
| 30800 | Attorney General | 4,133.33 | 8,266.67 | 4,133.33 | 50.00% |
| 30900 | Board of Health Professions | 7,442.20 | 14,874.33 | 7,432.13 | 50.03% |
| 31100 | Maintenance and Repairs | - | 434.88 | 434.88 | 0.00% |
| 31300 | Emp. Recognition Program | - | 299.22 | 299.22 | 0.00% |

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11600 - Physical Therapy
 For the Period Beginning July 1, 2017 and Ending December 31, 2017

| Account Number | Account Description | Amount | Budget | Amount | |
|-------------------|--|------------------------|------------------------|------------------------|---------------|
| | | | | Under/(Over) | % of Budget |
| 31400 | Conference Center | 5,929.40 | 6,063.70 | 134.30 | 97.79% |
| 31500 | Pgm Devlpmnt & Implmentn | <u>7,042.26</u> | <u>14,601.04</u> | <u>7,558.78</u> | <u>48.23%</u> |
| | Total Allocated Expenditures | <u>190,806.64</u> | <u>430,860.62</u> | <u>240,053.98</u> | <u>44.29%</u> |
| | Net Revenue in Excess (Shortfall) of Expenditures | <u>\$ (218,708.19)</u> | <u>\$ (480,871.62)</u> | <u>\$ (262,163.43)</u> | <u>45.48%</u> |

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Full Board Meeting

December 7, 2017

10:00 a.m. - Board Room 4

9960 Mayland Dr, Henrico, VA 23233

In Attendance

Barbara Allison-Bryan, MD, Board of Medicine
Helene D. Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Yvonne Haynes, LCSW, Board of Social Work
Mark Johnson, DVM, Board of Veterinary Medicine
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Ryan Logan, RPh, Board of Pharmacy
Martha S. Perry, MS, Citizen Member
Herb Stewart, PhD, Board of Psychology
Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
James D. Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member
Junius Williams, Jr., MA, Board of Funeral Directors and Embalmers

Absent

Marvin Figueroa, Citizen Member
Trula E. Minton, MS, RN, Board of Nursing
Jacquelyn M. Tyler, RN, Citizen Member

DHP Staff

David Brown, DC, Director DHP
Elizabeth A. Carter, Ph.D., Executive Director BHP
Lisa R. Hahn, MPA, Chief Operating Officer DHP
Jaime Hoyle, Executive Director Behavioral Sciences Boards
Laura L. Jackson, BHSA, Operations Manager BHP
Leslie Knachel, Executive Director for the Boards of Audiology & Speech Language Pathology, Optometry and Veterinary Medicine
Diane Powers, Communications Director DHP
Michelle Schmitz, Enforcement Director DHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Matt Treacy, Communications Associate DHP
Elaine Yeatts, Senior Policy Analyst DHP

Presenters

Yetty Shobo, PhD, Deputy Executive Direct BHP

Michelle Schmitz, Enforcement Director DHP

Speakers

No speakers signed-in

Observers

Gretchen Graves, Virginia Art Therapy Association

Monika Bincholder, Shenandoah Art Therapy, LLC

Laura Tuomisto, Shenandoah Art Therapy, LLC

Leila Saadeh, Virginia Art Therapy Association

Sarah Deaver, Virginia Art Therapy Association

W. Scott Johnson, Medical Society of Virginia

Ryan LaMura, Virginia Hospital and Healthcare Association

Emergency Egress Dr. Carter

Call to Order

Chair: Dr. Clayton-Jeter **Time** 10:03 a.m.

Quorum Established

Public Comment

Discussion

There was no public comment

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The August 31, 2017 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Directors Report

Presenter Dr. Brown

Discussion

Dr. Brown reported that Secretary Hazel has not requested reappointment and is ready to leave his post after service in two administrations. Dr. Brown did state however that he himself is seeing reappointment to DHP. An overview of the 2017 curricula pain management committee has submitted its report findings to the Governor. Dr. Brown announced that Ms. Hahn is the new agency COO. He stated that the COO position was created to aid in the continuity of agency operations.

Election of Officers - Nominating Committee

Presenter Ms. Haynes, Chair

Discussion

The Nominating Committee met prior to the Full Board meeting to organize a slate of officers for today's Chair and Vice Chair elections. Ms. Haynes stated that Dr. Clayton-Jeter, Dr. Allen Jones, Jr. and Dr. Allison-Bryan submitted their interest in the Chair and Vice Chair positions with the Board of Health Professions. After brief discussion, Ms. Haynes opened nominations from the floor. There were no additional nominations made. Dr. Allison-Bryan withdrew from consideration.

Vote: All members were in favor of reappointment of Dr. Clayton-Jeter as Board Chair and reappointment of Dr. Allen Jones, Jr. as Vice Chair.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently in the General Assembly.

Enforcement

Presenter Ms. Schmitz

Discussion

Ms. Schmitz provided the Board with a very informative update on the Enforcement Division. Highlights included the new ability to report a complaint online, improvements to the subpoena process, and requests for DHP Enforcement training from the DEA and FBI.

Communications Report

Presenter Dr. Clayton-Jeter

Discussion

Dr. Clayton-Jeter presented the new DHP logo to the Board by way of a PowerPoint presentation. She provided information regarding the process of the logo creation, the design direction and the meaning behind the logo. She stated her enjoyment in working with the VCU design team and DHPs stakeholder group. Dr. Allison-Bryan was also a member of the stakeholder group and voiced her appreciation of the process and the finished product.

Ms. Powers added that DHP will be increasing its brand identity and will be purchasing lanyards, pens and phone screen wipes with the new logo.

Board Chair Report

Presenter Dr. Clayton-Jeter

Discussion

Dr. Clayton-Jeter discussed that this is a new agenda item allowing the Chair the opportunity to discuss items relevant to the functions of the Board. She provided an Employee Fact Sheet that was sent to Federal employees providing information on preventing opioid misuse. She believes this form of relaying information may be helpful at the state level as well.

Executive Directors Report

Presenter Dr. Carter

Board Budget

Dr. Carter stated that the Board is operating under budget.

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

Sanction Reference Points (SRP) - Update

Four boards are updating their SRP manuals. Dr. Carter also expressed that several boards have been asking about training. A request has been made for Communications to assist by recording a training video that can be used internally and posted on the DHP webpage. Additional in-person training will also be provided upon Board request.

Policies & Procedures

Dr. Carter has requested the assistance of the Regulatory Research Committee in updating the sunrise review policies and procedures. She will be providing a review of methods employed in other states as part of the review process. The Board supported the idea.

Regulatory Research Committee

Presenter Mr. Wells

Mr. Wells provided information regarding the Committee's approval to move forward with the sunrise review request made by the Virginia Art Therapy Association. The Committee approved the proposed workplan presented by Ms. Jackson.

Healthcare Workforce Data Center (DHP HWDC)

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation that she presented at the annual Southern Demographics Association meeting that utilized DHP licensure data. She also advised the Board that DHP HWDC is up

to date on all survey reports and posting of the workforce briefs and is in the process of collecting the survey data from December license renewals.

Lunch break 11:53 p.m. – 1:15 p.m.

Board Reports

Presenter Dr. Clayton-Jeter

Board of Audiology & Speech Language Pathology

Ms. Verdun provided an overview of the Boards activity since its last meeting. (Attachment 1)

Board of Counseling

Dr. Doyle provided an overview of the Boards activities since its last meeting. (attachment 2)

Board of Dentistry

Dr. Watkins provided an overview of the Boards activities since its last meeting. (attachment 3)

Board of Funeral Directors & Embalmers

Mr. Williams provided an overview of the Boards activities since its last meeting (attachment 4)

Board of Long Term Care Administrators

Mr. Kendall provided an overview of the Boards activities since its last meeting. (attachment 5)

Board of Medicine

Dr. Allison Bryan provided an overview of the Boards activities since its last meeting. (attachment 6)

Board of Nursing

Ms. Minton was not in attendance at this meeting. There was no report.

Board of Optometry

Dr. Clayton-Jeter provided an overview of the Boards activities since its last meeting. (attachment 7)

Board of Pharmacy

Mr. Logan provided an overview of the Boards activities since its last meeting. (attachment 8)

Board of Physical Therapy

Dr. Jones, Jr. provided an overview of the Boards activities since its last meeting. (attachment 9)

Board of Psychology

Dr. Stewart provided an overview of the Boards activities since its last meeting. (attachment 10)

Board of Social Work

Ms. Haynes provided an overview of the Boards activities since its last meeting. (attachment 11)

Board of Veterinary Medicine

Dr. Johnson provided an overview of the Boards activities since its last meeting. (attachment 12)

New Business

Presenter Dr. Clayton-Jeter

No new business was discussed.

February 27, 2018 Full Board Meeting

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as February 27, 2018.

Adjourned

Adjourned 12:47 p.m.

Chair Helene Clayton-Jeter, OD

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____

**UPDATE ON
SANCTIONING
REFERENCE POINTS
(SRP) PROJECT**

Sanctioning

Reference Points

Instruction Manual

Board of Physical Therapy

Guidance Document 112-17
Adopted November 2009
(Revised May 2012)
(Revised November 2017)

Prepared for
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COMMONWEALTH of VIRGINIA

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November 2017

Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia’s 13 health regulatory boards. The purpose of the study was to “...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members...” The purposes and goals of the study were consistent with state statutes which specify that the Board of Health Professions (BHP) periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

After interviewing Board of Physical Therapy members and staff, a committee of board members, staff, and research consultants assembled a research agenda involving the most exhaustive statistical study of sanctioned Physical Therapists and Physical Therapist Assistants ever conducted in the United States. The analysis included collecting over 100 factors on all Board of Physical Therapy sanctioned cases in Virginia over a ten year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanctioning reference points. Using both the data and collective input from the Board of Physical Therapy and staff, analysts developed a usable sanctioning worksheet as a way to implement the reference system.

More recently, BHP recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. After conducting board member and staff interviews and an updated analysis to assess worksheet factors, scores, and sanctioning recommendations, the Board of Physical Therapy made a number of revisions to its Sanctioning Reference Points worksheet. This manual reflects those adopted revisions and provides the Board with a new SRP worksheet representing the most current sanctioning data available.

Sincerely yours,

David E. Brown, D.C.
Director
Virginia Department of Health Professions

Cordially,

Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions

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GENERAL INFORMATION

Overview

The Virginia Board of Health Professions has spent the last 15 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards. Focusing on the Board of Physical Therapy (PT), this manual contains background on the project, the goals and purposes of the Sanctioning Reference Points (SRP) system, and a revised worksheet with offense and respondent factors that are scored in order to help Board members determine how similarly situated respondents have been treated in the past.

This SRP system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Physical Therapy. Moreover, the worksheets and sanctioning thresholds have not been tested or validated on any other groups of persons. Therefore, they should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The current SRP system is comprised of a single worksheet which scores a number of offense and respondent factors identified using quantitative and qualitative analyses and built upon the Department's effort to maintain consistency in sanctioning over time. The original PT SRP Manual was adopted in November 2009, and has been applied to cases closed in violation for the past 8 years.

These instructions and the use of the SRP system fall within current DHP and PT policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes. If an SRP worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policy supersedes the worksheet recommendation.

Background

In 2010, the Board of Health Professions (BHP) recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. The purpose of this study was to evaluate the SRP system against its own unique set of objectives. The SRPs were designed to aid board members, staff and the public in a variety of ways. This Effectiveness Study sought to examine whether or not the SRPs were successful, and if not, which areas required improvement. The study resulted in changes to the manual for the Board of Physical Therapy. This manual is the result of those adopted changes.

Goals

The Board of Health Professions and the Board of Physical Therapy cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the Board and those involved in proceedings.
- “Neutralizing” sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors— e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach). A normative approach reflects what policymakers feel sanction recommendations should be, as opposed to what they have been. SRPs can also be developed using historical data analysis with normative adjustments. This approach combines information from past practice with policy adjustments, in order to ensure and maintain a system that better reflects current sanctioning practice. The SRP manual adopted in 2009 was based on a descriptive approach with a limited number of normative adjustments. This study was conducted in a similar manner, drawing from historical data and board member input to inform worksheet modification.

Qualitative Analysis

Researchers conducted in-depth personal interviews with board members and staff. Researchers also had informal conversations with representatives from the Attorney General's office and the Executive Director of BHP. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further guide this study's analysis. Additionally, interviews helped ensure the factors that board members consider when sanctioning continued to be included during the quantitative phase of the study. Previous scoring factors were examined for their continued relevance and sanctioning influence.

Quantitative Analysis

In 2009, researchers collected detailed information on all PT disciplinary cases ending in a violation between 1999 and 2009; ten years of sanctioning data. Over 100 different factors were collected on each case in order to describe the case attributes board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP's case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, board notices, board orders, and all other documentation that is made available to board members when deciding a case sanction.

A comprehensive database was created to analyze the factors that were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the relevant factors along with their relative weights were derived. Those factors and weights were formulated into a sanctioning worksheet, which became the SRPs. The current worksheet represents a revised analysis to update the worksheet factors and scores in order to represent the most current practice.

Offense factors such as financial or material gain were examined along with such factors as prior board or criminal history and past substance abuse. Some factors were deemed inappropriate for use in a structured sanctioning reference system. Although many factors, both "legal" and "extra-legal," can help explain sanction variation, only those "legal" factors the Boards felt should consistently play a role in a sanction decision were included on the final worksheet. By using

this method, the hope is to achieve more neutrality in sanctioning by making sure the same set of "legal" factors are considered in every case.

Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Boards with a sanctioning model that encompasses roughly 75% of historical practice. This means that approximately 25% of past cases receive sanctions either higher or lower than what the reference points indicate, recognizing that aggravating and mitigating factors play a legitimate role in sanctioning. The wide sanctioning ranges allow the Board to individualize sanctions within the broader SRP recommended range to fit the circumstances of each case.

Voluntary Nature

The SRP system should be viewed as a decision-aid to be used by the Board of Physical Therapy. Sanctioning within the SRP ranges is totally voluntary, meaning that the system is viewed strictly as a tool and the Board may choose any sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences and Pre-Hearing Consent Orders. The coversheet and worksheet will be referenced by Board members during Closed Session after a violation has been determined.

Worksheets Not Used in Certain Cases

The SRPs will not be applied in any of the following circumstances:

Formal Hearings — SRPs will not be used in cases that reach a Formal Hearing level.

Mandatory Suspensions – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensee must be suspended. The sanction is defined by law and is therefore excluded from the SRPs system.

Compliance/Reinstatements – The SRPs should be applied to new cases only.

Action by another Board – When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Physical Therapy, the Board often attempts to mirror the sanction handed

down by the other Board. The Virginia Board of Physical Therapy usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.

Confidential Consent Agreements (CCAs) – SRPs will not be used in cases settled by CCA.

Certain Pre-Defined Sanctions – The Sanctioning Reference Points system does not apply to certain cases that have already been assigned pre-determined actions as set by the health regulatory board. The Board of Physical Therapy has adopted Guidance Documents in the areas of Practicing on an Expired License (Guidance document 112-18) and Continuing Education Deficiencies (Guidance document 112-21) as follows:

| Practicing on an Expired License, Guidance document 112-18 | Possible Action |
|---|---|
| First offense; 90 days or less | Confidential Consent Agreement |
| First offense; 91 days to 6 months | Consent Order; Monetary Penalty of \$1000 |
| First offense; 6 months to one year | Consent Order; Monetary Penalty of \$1500 |
| First offense; over 1 year | Consent Order; Monetary Penalty of \$2500 |
| Second offense | Consent Order; Monetary Penalty of \$2500 |

| Continuing Education Deficiencies, Guidance document 112-21 | Possible Action |
|--|---|
| If the licensee was truthful in responding to the renewal attestation and the licensee has not previously been found in violation of CE or active practice requirements. Issue a CCA for those licensees who fail to meet the CE requirements. | The CCA may require the licensee to submit proof of completion of the missing contact hours(s) within 90 days of the effective date of the CCA. Such contact hours cannot be used toward fulfillment of the next biennial CE requirement for renewal |
| If the licensee was not truthful in responding to the renewal attestation or if the licensee has previously been found in violation of CE or active practice requirements. The corresponding sanctions may be applied by issuance of a PHCO | (i) Monetary Penalty of \$100 per missing contact hour, up to a maximum of \$1,000; (ii) Monetary Penalty of \$300 for a fraudulent renewal certification; and (iii) For those licensees who fail to meet the CE requirements, submission of proof of completion of the missing contact hour(s) within 90 days of Order entry. These contact hours cannot be used toward the next biennial requirement for renewal. |
| If the licensee fails to respond to the audit or does not wish to sign the CCA or PHCO that is offered or has previously been disciplined pursuant to a Board Order for not meeting the CE requirements. | The case will be referred to an informal fact-finding conference. |

Case Selection When Multiple Cases Exist

When multiple cases have been combined into one “event” (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one offense type, one case type is selected for scoring according to the offense group which appears highest on the following table. For example, a respondent found in violation for Practicing Beyond the Scope and Impairment Due to Alcohol would receive 50 points, since Inability to Safely Practice is above Unlicensed Activity in the Case Type Group column and receives more points. If an offense type is not listed, the most analogous offense type is used.

Sanctioning Reference Points Case Type Table

| Case Type Group | Included Case Categories | Applicable Points |
|--|---|--------------------------|
| Abuse/Inappropriate Relationship | <ul style="list-style-type: none"> Any sexual assault or mistreatment of a patient Dual, sexual or other boundary issue Includes inappropriate touching and written or oral communications | 70 |
| Inability to Safely Practice/ Drug Related-Patient Care | <ul style="list-style-type: none"> Impairment due to use of alcohol, illegal substances, or prescription drugs Incapacitation due to mental, physical or medical conditions. Prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use. | 50 |
| Neglect | <ul style="list-style-type: none"> Inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation | 45 |
| Business Practice Issues/ Continuing Education | <ul style="list-style-type: none"> Advertising, solicitation, records, audits, self-referral of patients, required report not filed, or disclosure Failure to obtain or document CE requirements. | 40 |
| Fraud/Standard of Care/ Unlicensed Activity | <ul style="list-style-type: none"> Performing unwarranted/unjust services or the falsification/alteration of patient records Improper patient billing, falsification of licensing/renewal documents. Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues Practicing outside the permitted functions of license granted Other patient care cases that cannot adequately fit into any other standard of care case type Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity | 30 |

Completing the Coversheet and Worksheet

Ultimately, it is the responsibility of the Board to complete the SRP coversheet and worksheet in all applicable cases. The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the board and the respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. Additionally, the manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: www.dhp.virginia.gov (paper copy also available on request).

Scoring Factor Instructions

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a

factor on the worksheet *cannot be adjusted*. The scores can only be applied as ‘yes or no’- with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board members have final say in how a case is scored.

Using Sanctioning Thresholds to Determine a Specific Sanction

The Physical Therapy worksheet has four scoring thresholds with increasing point values and respectively increasing sanction severities. The table here shows the historically used sanctions for each threshold. The column to the left, “Worksheet Score,” contains the threshold scores located at the bottom of the worksheet. The column to the right, “Available Sanctions,” shows the specific sanction types that each threshold level covers. After considering the sanction recommendation, the Board may fashion a more detailed sanction(s) based on the individual case circumstances.

Sanctioning Reference Points Threshold Table

| Worksheet Score | Available Sanctions |
|-----------------|--|
| 0-49 | <ul style="list-style-type: none"> • No Sanction • Reprimand |
| 50-129 | <ul style="list-style-type: none"> • Reprimand • Monetary Penalty • Continuing Education (CE) |
| 130 - 239 | <ul style="list-style-type: none"> • Monetary Penalty • Stayed Suspension • Corrective Action includes the following: <ul style="list-style-type: none"> • Probation • HPMP • Begin/continue treatment for alcohol/substance abuse • Begin/continue therapy/counseling • Quarterly self reports • Quarterly reports from employer • Quarterly reports from therapist, counselor, doctor, etc. • Inform all current and future employers of license status • Provide a copy of order to all current and future employers • Unrestricted communication between the board and employer • Complete Practice Review Tool (PRT) • Shall not work in home health setting • <i>Either</i> take CE/PRT <i>or</i> place license on inactive status • Shall not treat opposite sex patients |
| 240 or more | <ul style="list-style-type: none"> • Revocation • Suspension • Surrender • Refer to Formal Hearing |

**Sanctioning Reference Points
Coversheet, Worksheet, & Instructions**

Case Number(s):

| | | | | | | |
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Respondent Name: _____
First Last

License Number: _____

- Case Type:
- Abuse/Inappropriate Relationship
 - Inability to Safely Practice/Drug Related-Patient Care
 - Neglect
 - Business Practice Issues/Continuing Education
 - Fraud/Standard of Care/Unlicensed Activity

- Sanctioning Recommendation:
- No Sanction/Reprimand
 - Reprimand/Monetary Penalty/Continuing Education
 - Monetary Penalty/Stayed Suspension/Corrective Action
 - Loss of License/Refer to Formal

- Imposed Sanction(s):
- No Sanction
 - Reprimand
 - Monetary Penalty: \$_____ enter amount
 - Probation: _____ duration in months
 - Stayed Suspension: _____ duration in months
 - Refer to Formal
 - Accept Surrender
 - Revocation
 - Suspension
 - Other sanction: _____
 - Terms: _____

Was imposed sanction a departure from the recommendation? No Yes, give reason below

Reasons for Departure from Sanction Grid Result (if applicable): _____

Worksheet Preparer's Name: _____ Date Worksheet Completed: _____

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia



Step 1: Case Type – Select the case type from the list and score accordingly. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (score only one)

Abuse/Inappropriate Relationship – 70 Points

- Any sexual assault, mistreatment of a patient
- Dual, sexual or other boundary issue. Includes inappropriate touching and written or oral communications

Inability to Safely Practice/Drug Related-Patient Care – 50 Points

- Impairment due to use of alcohol, illegal substances, or prescription drugs
- Incapacitation due to mental, physical or medical conditions
- Drug adulteration, patient deprivation, stealing drugs from patients, or personal use

Neglect – 45 Points

- Inappropriate termination of provider/patient relationship, leaving a patient unattended in a health care environment, failure to do what a reasonable person would do in a similar situation

Business Practice Issues/CE – 40 Points

- Records, inspections, audits
- Required report not filed
- Failure to obtain or document CE requirements

Fraud/Standard of Care/Unlicensed Activity – 30 Points

- Performing unwarranted/unjust services
- Falsification/alteration of patient records
- Improper patient billing
- Falsification of licensing/renewal documents
- Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues.
- Practicing outside the permitted functions of license granted
- Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity.

Step 2: Offense and Respondent Factors – Score all factors reflecting the totality of the case(s) presented. (score all that apply)

Enter "50" if a patient was intentionally or unintentionally injured. This includes any injury requiring medical care ranging from first-aid treatment to hospitalization.

Enter "50" if the case involved inappropriate physical contact. Inappropriate contact is indicated by the unwanted/unsolicited physical contact of a patient by the respondent. If this factor is scored, case category should be "Abuse/Inappropriate Relationship."

Enter "50" if the respondent was impaired at the time of the offense due to substance abuse (alcohol or drugs) or mental/physical incapacitation.

Enter "30" if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.

Enter "30" if the respondent received a sanction from his/her employer in response to the current violation. A sanction from an employer may include: suspension, review, or termination.

Enter "30" if there was a concurrent civil or criminal action related to this case.

Enter "30" if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capabilities, or physical capabilities. Scored here would be: prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting the ability to function safely or properly.

Enter "30" if the respondent has previously been sanctioned by any other state or entity. Sanctioning by an employer is not scored here.

Enter "10" if the patient is especially vulnerable. Patients in this category must be at least one of the following: under age 18, over age 65, or mentally/physically handicapped.

Enter "10" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter "10" if the case involved falsification/alteration of patient records. This would include cases in which the respondent did not stay with the patient for as long as records show, or the respondent did not visit the patient at all. This would also include the falsification of medical records such as vital signs.

Enter "10" if the respondent has any prior violations decided by the Virginia Board of Physical Therapy.

Step 3: Add Case Type and Offense and Respondent Factor scores to arrive at a Total Worksheet Score

Step 4: Determining the Sanction Recommendation

The Total Worksheet Score corresponds to the Sanctioning Reference Points recommended sanction located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score for the current worksheet. That range has a corresponding range of

recommended sanctions. For instance, a case with a Total Worksheet Score of 100 is recommended for "Reprimand/Monetary Penalty/CE."

Step 5: Coversheet

Complete the coversheet including the SRP sanction result, the imposed sanction and the reasons for departure if applicable. Both a coversheet and worksheet must be completed for applicable cases.

| Case Type (score only one) | Points | Score |
|--|--------|-------|
| Abuse/Inappropriate Relationship | 70 | _____ |
| Inability to Safely Practice/Drug Related-Patient Care | 50 | _____ |
| Neglect | 45 | _____ |
| Business Practice Issues/Continuing Education | 40 | _____ |
| Fraud/Standard of Care/Unlicensed Activity | 30 | _____ |

Offense and Respondent Factors (score all that apply)

| | | |
|--|----|-------|
| Patient Injury | 50 | _____ |
| Inappropriate physical contact | 50 | _____ |
| Respondent impaired during incident | 50 | _____ |
| Respondent failed to take corrective action | 30 | _____ |
| Sanctioned by employer due to incident | 30 | _____ |
| Concurrent civil or criminal action | 30 | _____ |
| Past difficulties (drugs, alcohol, mental/cognitive, physical) | 30 | _____ |
| Sanctioned by another state or entity | 30 | _____ |
| Patient particularly vulnerable | 10 | _____ |
| Act of commission | 10 | _____ |
| Case involved falsification/alteration of patient records | 10 | _____ |
| Any prior VA Board of Physical Therapy violations | 10 | _____ |

Total Worksheet Score

| <u>Score</u> | <u>Sanctioning Recommendations</u> |
|--------------|--|
| 0 - 49 | No Sanction/Reprimand |
| 50 - 129 | Reprimand/Monetary Penalty/Continuing Education |
| 130 - 239 | Monetary Penalty/Stayed Suspension/Corrective Action |
| 240 or more | Loss of License/Refer to Formal |